

## BIG SKY WAIVER WAIT LIST CRITERIA TOOL

Applicant: \_\_\_\_\_

Slot Category: \_\_\_\_\_

Medicaid ID# \_\_\_\_\_

Initial review date: \_\_\_\_\_

Date                  Date                  Date                  Date  
\_\_\_\_\_

|   |       |       |       |       |
|---|-------|-------|-------|-------|
| 1. Is the applicant at risk of medical deterioration without services?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 2. Does the applicant have cognitive impairment?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 3. Is applicant currently in a nursing facility or at risk of institutional placement or death?   | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 4. Does the applicant require 24-hour supervision?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 5. Is there a need for more formal (paid) services?   | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 6. Is there a need for more informal supports?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 7. Does the primary caregiver need relief?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 8. Is there a need for adaptive aids or environmental modifications?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 9. Does the applicant frequently utilize emergency services?  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 10. Has the applicant had involvement from Adult Protection Services (APS), Child Protection Services (CPS), Law Enforcement or an Ombudsman? | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 11. Does the applicant have safe, adequate housing?   | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 12. Does the applicant receive financial support through family or other resources?   | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 13. Are there other health and safety issues (not identified in 1-12) that place the applicant at risk? Please explain below in comments.     | 1     | 1     | 1     | 1     |
| 14. Does the applicant require spousal impoverishment or waiver of deeming for children, to qualify for Big Sky Waiver services?              | Y N   | Y N   | Y N   | Y N   |

Total Score: \_\_\_\_\_

Comments:

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CM Signature: \_\_\_\_\_ Date: \_\_\_\_\_